									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR. • Effective October 1, 2003									30365 39985				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL I	ENTITY	OR		R THAN ENTITY	
TOTAL CLAIMS			38		•		ſ	RATE	FEE	7	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA			ASIC FE	E 385.00	OR	BASIC FEE	770.00	1
TOTAL CHARGEABLE CLAIMS			3≤ minus 20=		- 18			X\$ 9=	1	OR	XS18=	324	1
INDEPENDENT CLAIMS			3 minus 3 =		•		ŀ	X43≈	1	1	X86=		1
MULTIPLE DEPENDENT CLAIM P			RESENT				·ŀ	+145=		OR			i
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	+290=	1094	ł
ii	و مرادا			. لب	Jon	OTHER	<u> </u>	1					
$I\!\!I$	100	(Column 1)		(Colun	nn 2). (Column 3)		;	SMALL	ENTITY	OR	SMALL.	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIQNAL FEE	
	Total	· 38	Minus	- 3	8	-		X\$ 9=	•	OR	X\$18=		
	independent	. 3	Minus	•••	3	•		X43=	1	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 		 		000		
110								+145= TOTAL		OR	+290= . TOTAL		
	$\leq \mathcal{M}(t) _{\mathcal{O}}$							DIT. FEE		OR	ODIT. FEE	L	
H	CLAIMS COlumn 2) (Column 3)										· · · · · ·	1000	
7 B	'	REMAINING AFTER	j	, NUME PREVIO	-	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT B		AMENDMENT		PAID F			_		FEE			FEE	l
	Total	· 20	Minus	• 3	25	-		X\$ 9=		OR	X\$18=		
	Independent	. 3	Minus		3	· .	Γ	X43=		OB	X86=		Γ
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												-
•								145=		OR	+290=		
							AD	TOTAL DIT. FEE		OR,	YOTAL UDDIT, FEE		
		(Column:1):		(Colum		(Column 3)	•		•	٠.		·	
AMENDMENT C	•	CLAIMS REMARTING AFTER AMENDMENT	·	HIGHE NUMB PREVIOI PAID F	ER JSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	•		•	[3	(\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		•	 	(43s			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-		·	OR		——	
+145=										OR	+290=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20." ADDIT. FEE										OR _	TOTAL DOIT, FEE		
		mber Previously Pa ber Previously Pak							ropriate box			·	